

## MR. B'S VOLLEYBALL CAMP

SPONSORED BY THE WATCHUNG RECREATION DEPT.

**Location**: Valley View Middle School Gymnasium **Age/Gender**: Boys/Girls entering 5<sup>th</sup> through 9<sup>th</sup> Grade

When: Week 1: July 13th to July 17th

Week 2: July 27th to July 31st

**Time**: Early drop off begins at 8:30

Camp runs from 9:00 AM to 1:00 PM

**Cost**: \$235 for 1 week or \$425 for both weeks

**Teaching Objective:** This camp will combine the fundamental learning of our "Skills, Drills, and More" Clinic with the FUN of our "Friday Nights" Clinic for a perfectly balanced week of volleyball. Athletes will be split in to groups based on both age and skill level to give the best experience to each and every camper. Our goal is to improve knowledge of the skills and provide multiple quality repetitions to improve the athlete's confidence on the court.

**Skills to be taught:** Underhand serve, overhand serve, forearm pass, set, spike, dink, blocking, game strategy, and proper positioning.

Camp Directors: Matt Buglovsky—WHRHS Men's And Women's Freshman Volleyball Coach

Coaches: Current players (Boys/Girls) on the WHRHS Volleyball Team

\*\*Campers can bring their own lunch or snacks to camp. Lunch will be \*\* everyday from 11:00-11:30. Camp will offer pizza, drinks, and snacks to purchase each day.

REGISTRATION TO BE FILLED OUT ON BACK

## **2020 Camper Registration**

Name		<del></del>	Grade	
Emergency Contact #				
Email				
Address				
Please	<u>Camp</u> check the appi	<u>s</u>	mp(s)	
<b>VOLLEYBALL</b>	7/13 to 7/17 7/27 to 7/31 Both Weeks	\$235 \$235 \$425		
<b>FISHING</b>	6/29 to 7/3 8/17 to 8/21 Both Weeks	\$250 \$250 \$450		
Total A	amount			
MAKE CHEC	CKS PAYABL	E TO B-A	CTIVE LLC	
MAIL REGISTRATIONS QUESTIONS: E	TO 72 VILLAGE ( EMAIL MRBSSPOR		The state of the s	
Media Release: I hereby give/dor son/daughter's picture for media p created for and/or during Summer promotional purposes at the discre	ourposes. Any photos, re Camp are property of M	corded (audio or v Ir. B's Sports Cam	video) and written materials	
Health Certification Statement: participate in all camp athletic act		son/daughter is in	good physical health and may	
Parent Signature_ This permission also constitutes re Recreation and Mr. B's Sports Ca damage or loss incurred during th	mps and staff/or any of t	heir employees fo	or any accident, injury or any	

I hereby give my child permission to participate in this program.

authorizes the camp staff to act using their best judgment in any emergency requiring medical attention.